ATTACHMENT 2
Speech and language pathology procedure codes that may be billed under the Birth to 3 prior authorization process
Effective October 1, 2003

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	Cannot use on the same date of service (DOS) as 96105 or 92510.	This code is also used for re-evaluation.	$57.19	$60.04
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Cannot use on the same DOS as 92510.	Therapy addressing communication/cognitive impairments and voice prosthetics should use this code. If treatment focus is aural rehabilitation as a result of a cochlear implant, submit a prior authorization using the Prior Authorization/Therapy Attachment (PA/TA) to request code 92510.	$45.18	$47.44
92508	group, two or more individuals		Group is limited to two to four individuals.	$26.68	$28.01
92526	Treatment of swallowing dysfunction and/or oral function for feeding		The recipient must have an identified physiological swallowing and/or feeding problem. This is to be documented using professional standards of practice such as identifying oral phase, esophageal phase or pharyngeal phase dysphagia, baseline of current swallowing and feeding skills not limited to signs of aspiration, an oral mechanism exam, report of how nutrition is met, current diet restrictions, compensation strategies used, and level of assistance needed.	$46.03	$48.34
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient for the use of a voice prosthetic device, e.g., electrolarynx, tracheostomy-speaking valve. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	$71.61	$75.19

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92607*	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; *first hour*	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity. This can also be used for re-evaluations. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	$59.97	$62.97
92608**	*each additional 30 minutes*	This code can only be billed in conjunction with 92607.	A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608.	$29.99	$31.48
92609	Therapeutic services for the use of speech-generating device, including programming and modification		This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.	$44.92	$47.17
92610	Evaluation of oral and pharyngeal swallowing function			$68.10	$71.51

* The procedure code description defines this code as one hour. One unit of this code = 1 hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

Notes: As with Medicare, providers may not submit a claim for services for less than eight minutes. The daily service limitation for all codes is one.